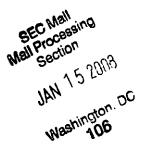
1424273

FORM D

ī

Name of Offering



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

([]] check if this is an amendment and name has changed, and indicate change.)

OMB APPROVAL

OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response . . . 16.00

| SEC USE ONLY | | | | | | | | |
|---------------|--|--------|--|--|--|--|--|--|
| Prefix | | Serial | | | | | | |
| | | | | | | | | |
| DATE RECEIVED | | | | | | | | |
| | | | | | | | | |

| Centeniu | ım Asia Fund, L.P. (the "Issuer") | | | | , | |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------|-----------------|-----------------------------------|-------------------------------------------|
| Filing Un | der (Check box(es) that apply): | [] Rule 504 | [] Rule 505 | [X] Rule | e 506 [] Section | 14(6) [] ULOE |
| Type of F | Filing: [X] New Filing | [] | Amendment | | | |
| | · · · · · · · · · · · · · · · · · · | A. BAS | IC IDENTIFICATIO | N DATA | | |
| Enter the | information requested about the iss | uer | | | | ANNUAL RESERVES ARE BUILD RIGHT STATE |
| Name of Centeniu | Issuer ([] check if thum Asia Fund, L.P. | is is an amendme | nt and name has ch | anged, and i | ndicate change.) | |
| | of Executive Offices (Numb Avenue, 17th Floor, New York, N | | , State, Zip Code) | | Telephone Numb (212) 861-7751 | 08020648 |
| | of Principal Business Operations (Nont from Executive Offices) Same As | | City, State, Zip Coo | e) | Telephone Number Same As Above | (Including Area Code) |
| The Issu | cription of Business er seeks to invest and trade secu | rities and/or othe | r financial instrum | ents. | 1 | |
| | Business Organization corporation | [X1 limited n | artnership, already f | nrmed | [] other (please | PROCESS |
| | • | • • • | • • • • • • • • • • • • • • • • • • • • | | [] other (pieces | JAN 2 5 2002 |
| Actual or | business trust Estimated Date of Incorporation or | | rtnership, to be form Month/Year | ied | | 3A14 E 3 2000 |
| | on of Incorporation or Organization: | (Enter two-lette | 04/1994 or U.S. Postal Service FN for other foreig | | on for State: | FINANCIAL |
| Federal: | NSTRUCTIONS le: All issuers making an offering of securiti | es in reliance on an ex | emption under Regulati | on D or Section | 4/6). 17 CFR 230.501 et | sea, or 15 U.S.C. 77d(6). |
| When To File (SEC) on the | e: A notice must be filed no later than 15 of e earlier of the date it is received by the SE ered or certified mail to that address. | lays after the first sale | of securities in the offe | ring. A notice | is deemed filed with the l | U.S. Securities and Exchange Commission |
| | e: U.S. Securities and Exchange Commission | | · · | | | |
| | vired: Five (5) copies of this notice must be or bear typed or printed signatures. | filed with the SEC, on | e of which must be man | ually signed. A | any copies not manually si | igned must be photocopies of the mands.ly |
| | Required: A new filing must contain all inf Part C, and any material changes from the | | | | | |

ATTENTION
illure to file notice in the appropriate states will not result in a loss of the fed

The Appendix to the notice constitutes a part of this notice and must be completed.

Filing Fee: There is no federal filing fee.

State:

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted CC3 form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

• Each general and managing partner of partnership issuers.

| Check Box(es) that Apply: [X] Promoter | [] Beneficial Owner | [] Executive Officer | [] Director | [X] General and/or Managing Partner |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------|--------------|----------------------------------------|
| Full Name (Last name first, if individual) Centenium Management LLC (the "General | al Partner") | | | |
| Business or Residence Address (Numb 300 Park Avenue, 17th Floor, New York, N | er and Street, City, State, Zipew York 10022 | Code) | | |
| Check Box(es) that Apply: [] Promoter | [] Beneficial Owner | [X] Executive Officer | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) Cheng, Anla | | | | |
| Business or Residence Address (Numb c/o Centenium Management, LLC 300 Park Avenue, 17th Floor, New York, N | er and Street, City, State, Zip | o Code) | | |
| Check Box(es) that Apply: [] Promoter | [] Beneficial Owner | [] Executive Officer | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Business or Residence Address (Numb | er and Street, City, State, Zip | Code) | | |
| Check Box(es) that Apply: [] Promoter | [] Beneficial Owner | [] Executive Officer | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) | - 11 1 2 | | | |
| Business or Residence Address (Numb | er and Street, City, State, Zip | Code) | | |
| Check Box(es) that Apply: [] Promoter | [] Beneficial Owner | [] Executive Officer | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Business or Residence Address (Numb | er and Street, City, State, Zip | Code) | | |
| Check Box(es) that Apply: [] Promoter | [] Beneficial Owner | [] Executive Officer | [] Director | [] General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | | |
| Business or Residence Address (Numb | er and Street, City, State, Zip | Code) | | |

| | B. INFORMATION ABOUT OFFERING | | | | | | | |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------|--|--|--|--|--|
| 1. | | Yes [] | No [X] | | | | | |
| 2. | Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual? | | | | | | | |
| | (* Subject to waiver by the General Partner.) | | | | | | | |
| 3. | | Yes | No r | | | | | |
| 4. | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | [X] | [1 | | | | | |
| | Name (Last name first, if individual) applicable. | | | | | | | |
| Bus | iness or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | |
| Nar | ne of Associated Broker or Dealer | | | | | | | |
| Sta | tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | | |
| | eck "All States" or check individual States) | | | | | | | |
| 74 | | l Stai | | | | | | |
| | | HI [] MS [] | _ | | | | | |
| M | T[] NE[] NV[] NH[] NJ[] NM[] NY[] NC[] ND[] OH[] OK[] | OR [|] Aq [| | | | | |
| | I [] SC [] SD [] TN [] TX [] UT [] VT [] VA [] WA [] WV [] WI [] Name (Last name first, if individual) | WY [| PR [| | | | | |
| | Trains (East halls mot, will arrive au) | | | | | | | |
| Bus | iness or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | |
| Nar | ne of Associated Broker or Dealer | | | | | | | |
| Sta | tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | | |
| (Ch | eck "All States" or check individual States) | | | | | | | |
| А | • • | .l Stai HI [] | | | | | | |
| | | MS [| | | | | | |
| | | OR [] | | | | | | |
| | | WY [] | PR (| | | | | |
| rull | Name (Last name first, if individual) | | | | | | | |
| Bus | iness or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | |
| Nar | ne of Associated Broker or Dealer | | | | | | | |
| Sta | tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | | |
| | eck "All States" or check individual States) | | | | | | | |
| Δ | | .l Stat HI [] | _ | | | | | |
| | | MS [] | | | | | | |
| | | OR [| | | | | | |

RI[] SC[] SD[] TN[] TX[] UT[] VT[] VA[] WA[] WV[] WI[] PR[]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Type of Security Amount Already Offering Price Sold <u>0</u> \$ 0 0 \$ 0 □ Common □ Preferred Convertible Securities (including warrants):\$ Partnership Interests\$ 3.600.000 1,000,000,000(a) Total......\$ 1,000,000,000(a) \$ 3,600,000 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number **Dollar Amount** Investors of Purchases Accredited Investors..... 4 3,600,000 Non-accredited Investors 0 0 Total (for filings under Rule 504 only)..... N/A N/A Answer also in Appendix, Column 4, if filing under ULOE, If this filling is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Type of Dollar Amount Security Sold Rule 505.... N/A Regulation A..... N/A \$ Rule 504..... N/A Total..... N/A 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. 図 Transfer Agent's Fees..... Printing and Engraving Costs..... X Legal Fees X 35,000 X Accounting Fees \$ 7,500 X Engineering Fees..... ſΧΊ Sales Commissions (specify finders' fees separately) Ø Other Expenses (identify filing fees)...... X Total..... 50,000

⁽a) Open-ended fund; estimated maximum aggregate offering amount.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 4. | b. | Enter | the | difference | between | the | aggregate | offering | price | given | in | respon | se i | to Pa | rt C - |
|----|-----|--------|-------|-------------|------------|-------|--------------|-----------|---------|--------|----|--------|-------|---------|--------|
| | Qu | estion | 1 an | d total exp | enses furr | nishe | ed in respor | ise to Pa | irt C - | Questi | on | 4.a. T | his (| differe | nce is |
| | the | "adjus | ted c | ross proce | eds to the | issu | ıer." | | | | | | | | |

\$ <u>999,950,000</u>

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes below. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjustment gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

| | Payments to Officers. | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------|----------|---|-----------------------|-------------|--|
| | | Directors, & Affiliates | | | Payments to Others | | |
| Salaries and fees | X | \$ | <u>o</u> | X | \$ | <u>o</u> | |
| Purchase of real estate | X | \$ | <u>o</u> | X | \$ | <u>o</u> | |
| Purchase, rental or leasing and installation of machinery and equipment | X | \$ | <u>o</u> | X | \$ | <u>0</u> | |
| Construction or leasing of plant buildings and facilities | X | \$ | <u>o</u> | X | \$ | <u>o</u> | |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | X | \$ | <u>o</u> | X | \$ | <u>0</u> | |
| Repayment of indebtedness | X | \$ | <u>0</u> | X | \$ | <u>o</u> | |
| Working capital | X | \$ | <u>0</u> | X | \$ | <u>0</u> | |
| Other (specify): Portfolio Investments | X | \$ | <u>0</u> | X | \$ | 999,950,000 | |
| Column Totals | X | \$ | <u>0</u> | X | \$ | 999,950,000 | |
| Total Payments Listed (column totals added) | S \$ 999,950,000 | | | | <u>)0</u> | | |

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)
Centenium Asia Fund, L.P.

Signature

Date

19/08

Name (Print or Type)

Anla Cheng

Title of Signer (Print or Type)

Managing Member of the General Partner

SED

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

SK 01004 0001 844537

END